

**BOARD OF TRUSTEES
VILLAGE OF WARWICK
OCTOBER 15, 2024, 3:30 P.M.
SPECIAL MEETING**

**LOCATION:
VILLAGE HALL
77 MAIN STREET, WARWICK, NY**

**Call to Order
Pledge of Allegiance
Roll Call**

Motions

1. **MOTION** to grant permission to the Warwick Community Ambulance Service to use Veterans Memorial Park for a Car Show Event to benefit the Warwick Ambulance Jr. Corp. from 12:30 p.m. to 4:00 p.m. on Sunday, October 20, 2024. Request includes use of restrooms. Completed park permit, proper insurance, and security deposit have been received. The parking plan has been reviewed with DPW Supervisor, Michael Moser.

The vote on the foregoing **motion** was as follows:

Trustee Cheney ____ Trustee Foster ____ Trustee Collura ____

Trustee McKnight ____ Mayor Newhard ____

Executive Session, if applicable.

Adjournment



WARWICK COMMUNITY AMBULANCE SERVICE, Inc.

Post Office Box 315
Warwick, New York 10990-0315
Fax : (845) 987-9943
E-mail : firstaid@warwick.net
Voicemail : (845) 986-4136



CIVIL OFFICERS

Oct 10, 2024

Jacquelyn Rivera
President

Sean Smeltzer
Vice President

Deborah Langlitz
Treasurer

Patricia Mills
Recording Secretary

Debra Gorish
Financial Secretary

Bill Lindberg
Loan Equipment

LINE OFFICERS

Frank Cassanite, Jr.
Captain

Robert Lemin
1st Lieutenant

Eric Fierstein
2nd Lieutenant

OPERATIONS OFFICERS

Joie Ogrodnick
Compliance Officer

Jennifer Lemin
Quality Improvement Officer

Village of Warwick Trustees
77 Main Street
Warwick, New York
10990

To; Village Board of Trustees

RECEIVED

OCT 10 2024

VILLAGE OF WARWICK
CLERK'S OFFICE

I am writing this letter to explain the car show event that our Warwick Ambulance Jr Corp students would like to have at Memorial Park on Sunday, Oct 20, 2024 at 1:00 and ending at 4:00. We would like to set up at 12:30. We are anticipating 30 vehicles which includes classic cars and a few of the National Burnout cars. This event is strictly a car show for viewing only, there are no admission charges. We have 5 adult senior corp advisors along with parents attending. We will have an adult wearing a safety vest helping to direct spectator parking. I have spoken to Michael Moser DPW supervisor and he will set up the parking upper lot for spectators and lower lot for the show. Also I have spoke to John Rader Warwick Police Dept to inform about this event.

Deb Gorish
Deb Gorish
Lead Advisor

RECEIVED

OCT 10 2024

VILLAGE OF WARWICK
CLERK'S OFFICE

Facility Use Request Form
For Gatherings of Less Than 200 People

ONLY USE THIS FORM IF YOUR EVENT WILL HAVE 200 PEOPLE OR LESS

Date Request Submitted: _____

Title of Event: Warwick Community Ambulance Corp Car Show

Purpose of Event: Community Event requested by Junior Corp.

SECTION 1: REQUESTED VILLAGE-OWNED PROPERTY

Railroad Green Stanley-Deming Park Lewis Woodlands

Veterans Memorial Park Veterans Memorial Park Pavilion

**Please use the attached map to indicate the specific area(s) to be used within each park.*

Village of Warwick Parking Lots - check all that apply:

South Street Lot 1st Street Lot Chase Lot (non-permit only)
 Spring Street Lot Wheeler & Spring St. Lot Upper CVS Lot Lower CVS Lot

Village of Warwick Streets: _____

SECTION 2: DATE AND TIME REQUESTED

Date(s) Requested: Oct 20, 2024 Rain Date Requested: _____

Arrival Time: 12:30 Departure Time: 4:00

Event Start Time: 1:00 Event End Time: 4:00

SECTION 3: APPLICANT INFORMATION

Check one: Non-Profit Organization Commercial/Business Organization Family

**For-profit activities are prohibited.*

Applicant's Name/Responsible Party: Deb Gorish Jr Corp Lead Advisor

**Person of responsibility representing the organization must be a Town of Warwick resident.*

Mailing Address of Responsible Party: 6 Roe St. Florida, NY 10921

Email Address: debbie25981@yahoo.com Cell Phone: 845-258-8353

Proof of Town of Warwick Residency of Responsible Party: Driver's License Utility Bill

Name of Organization (if Applicable): Warwick Community Ambulance Corp

Name of Organization's Director(s)/Officer(s): Frank Cassante

Organization's Phone: 845-986-4100 Email Address: Warwickems@gmail.com

Mailing Address of Organization: 146 S. Street Extension, Warwick, NY

Physical Address of Organization: Same

SECTION 4: EVENT INFORMATION

Maximum Number of People Intended at the Event: 75

** If greater than 200 people, at any given time DO NOT complete this form. See instructions.*

of Adults: _____ # of People Under 18: _____

Expected Number of Vehicles Intended at the Event: 30

Please explain the parking plan for the event: waiting to see what parking lot we can use.

WILL YOUR EVENT INCLUDE: CHECK YES OR NO

Greater than 200 people at any given time <i>If yes, DO NOT complete this form. Please complete form: FACILITY USE PERMIT APPLICATION FOR GATHERINGS GREATER THAN 200 PEOPLE</i>	Yes _____ No <input checked="" type="checkbox"/>
Music / Loudspeakers / Sound System <i>If yes, explain: _____</i> <i>Location of Music/Loud Speakers/ Sounds System: _____</i>	Yes _____ No <input checked="" type="checkbox"/>
Parade, walk, road race, etc. <i>Request must include in writing a clear layout of the intended route AND a letter from the Warwick Police Department approving the route and police resources.</i>	Yes _____ No <input checked="" type="checkbox"/>
Tent(s) <i>Include a map detailing the placement of the tent(s).</i> <i>Date & time tent will be set up: _____</i> <i>Date & time tent will be removed: _____</i>	Yes _____ No <input checked="" type="checkbox"/>

RVs, Campers, Food Trucks, etc. <i>If yes, explain:</i> _____	Yes _____ No <input checked="" type="checkbox"/>
Admission Fee to Be Charged <i>If yes, please list the admission fee:</i> _____	Yes _____ No <input checked="" type="checkbox"/>
Alcohol <i>Host Liquor Liability Insurance is required.</i>	Yes _____ No <input checked="" type="checkbox"/>
Food will be served or sold <i>If yes, explain the method of food distribution and disposal of trash:</i> _____ _____ <i>*A permit is required from the Orange County Department of Health when offering or selling any food to the public. It is the applicant's responsibility to contact the Orange County Department of Health to obtain necessary permits. Contact the Orange County Department of Health for further information. *Applicants must provide a drawing to scale showing where the food will be served/sold and where trash will be disposed.</i>	Yes _____ No <input checked="" type="checkbox"/>
Rides: Mechanical Carnival Rides, Bounce House, Inflatable Slide, etc. <i>If yes, explain:</i> _____ <i>Additional contract(s) and/or insurance is required.</i>	Yes _____ No <input checked="" type="checkbox"/>
Animals: (Example, horses, pony rides, petting zoo, etc.) <i>If yes, explain:</i> _____	Yes _____ No <input checked="" type="checkbox"/>
Portable Toilets <i>Placement of portable toilets must be detailed on the map that is required with the application.</i>	Yes _____ No <input checked="" type="checkbox"/>
Other <i>Please explain:</i> _____	Yes _____ No <input checked="" type="checkbox"/>

SPECIAL REQUESTS:
CHECK YES OR NO

Road Closure <i>List road(s):</i> _____ <i>Closed between the hours of _____ and _____</i> <i>Number of 'No Parking' meter bags requested, if applicable:</i> _____	Yes _____ No <input checked="" type="checkbox"/>
Use of Village-owned tables and chairs <i>Veterans Memorial Park Pavilion Only. No. of Tables _____ No. of Chairs _____</i>	Yes _____ No <input checked="" type="checkbox"/>
Use of Electricity	Yes _____ No <input checked="" type="checkbox"/>
Use of Memorial Park Football/Over 35 Field Lights <i>Additional fee required for use of field lights.</i>	Yes _____ No <input checked="" type="checkbox"/>

Use of Memorial Park Pavilion Lights	Yes _____ No <input checked="" type="checkbox"/>
Use of Village of Warwick Restrooms <i>Memorial Park and Stanley Deming Park only.</i>	Yes <input checked="" type="checkbox"/> No _____
Other <i>Please explain: _____</i>	Yes _____ No <input checked="" type="checkbox"/>

SECTION 5: FEES/SECURITY DEPOSIT

Fees and Security Deposit are Due Upon Application / Checks payable to: The Village of Warwick

\$200 Security Deposit - *(Must be a Separate Payment)*

Memorial Park Football/Over 35 Field Lights (circle one) - \$10 per day or \$300 per season

TOTAL FEES: \$ _____ (excluding security deposit)

SECTION 6: INDEMNITY & HOLD HARMLESS

The undersigned is over 21 years of age and has read this form and attached regulations and agrees to comply with them. He/she agrees to be responsible to the Village of Warwick for the use and care of the facilities. He/she, on behalf of Warwick Ambulance Service (Name of Organization) does hereby covenant and agree to defend, indemnify and hold harmless the Village of Warwick from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys' fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of Village's property, facilities and/or services by Warwick Community Ambulance Corp (Name Organization).

Deb Gorish Warwick Ambulance Trustee
Printed Name of Applicant/Responsible Party

Deb Gorish
Signature of Applicant/Responsible Party

10/9/24
Date

Office Use Only:

Security Deposit Check # 13556
Fees Received NA
DPW Pre-Approval

Certificate of Insurance
Park Map(s)
Facility Use Calendar

Host Liquor Liability NA
Police Dept. Approval
Parade Calendar NA

Permit Holder. Applicants are urged to bring extra plastic garbage bags to facilitate cleanup.

17. Any organization with youths under 18 years old requires the presence of adequate adult supervision at all times.
18. Supervision and parking are the responsibility of the applicant organization/individual.
19. Permits may be revoked at any time.
20. All posted rules must be adhered to.
21. No field or building alterations (lining of fields, erecting goal posts or structures, etc.) are allowed without prior approval.
22. The emergency telephone number for police is 911 or 986-5000; fire and ambulance 911.
23. Prior to the start of the event, an announcement should be made to your group regarding emergency evacuation procedures, for example pointing out posted procedures, direction for exiting, procedures for emergency helicopter landing, etc. Need pamphlet to hand out to applicants.
24. In the event of an accident, please notify the Village Clerk at (845) 986-2031 before the end of the next business day.
25. The Village of Warwick does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

INDEMNITY & HOLD HARMLESS

FACILITY USER does hereby covenant and agree to defend, indemnify, and hold harmless the Village of Warwick from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys' fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of the Village of Warwick property, facilities and/or services.

I have read and understand the Facilities Use Requirements:

Deb Gorish ^{JOR} Warwick Ambulance Deb Gorish
Printed Name of Applicant/Responsible Party Signature of Applicant/Responsible Party

Date 10/9/24



Outlook

Ambulance Car Show

From Mike Moser <dpwsupervisor@villageofwarwick.org>

Date Thu 10/10/2024 5:11 PM

To Raina Abramson <clerk@villageofwarwick.org>

Good Afternoon

I just wanted to let you know that I spoke with Debbie from the Ambulance Corp regarding the lay out and parking plan and approve of what they are asking.

I will draw up the sketch tomorrow morning and submit for their motion.

Thank you.



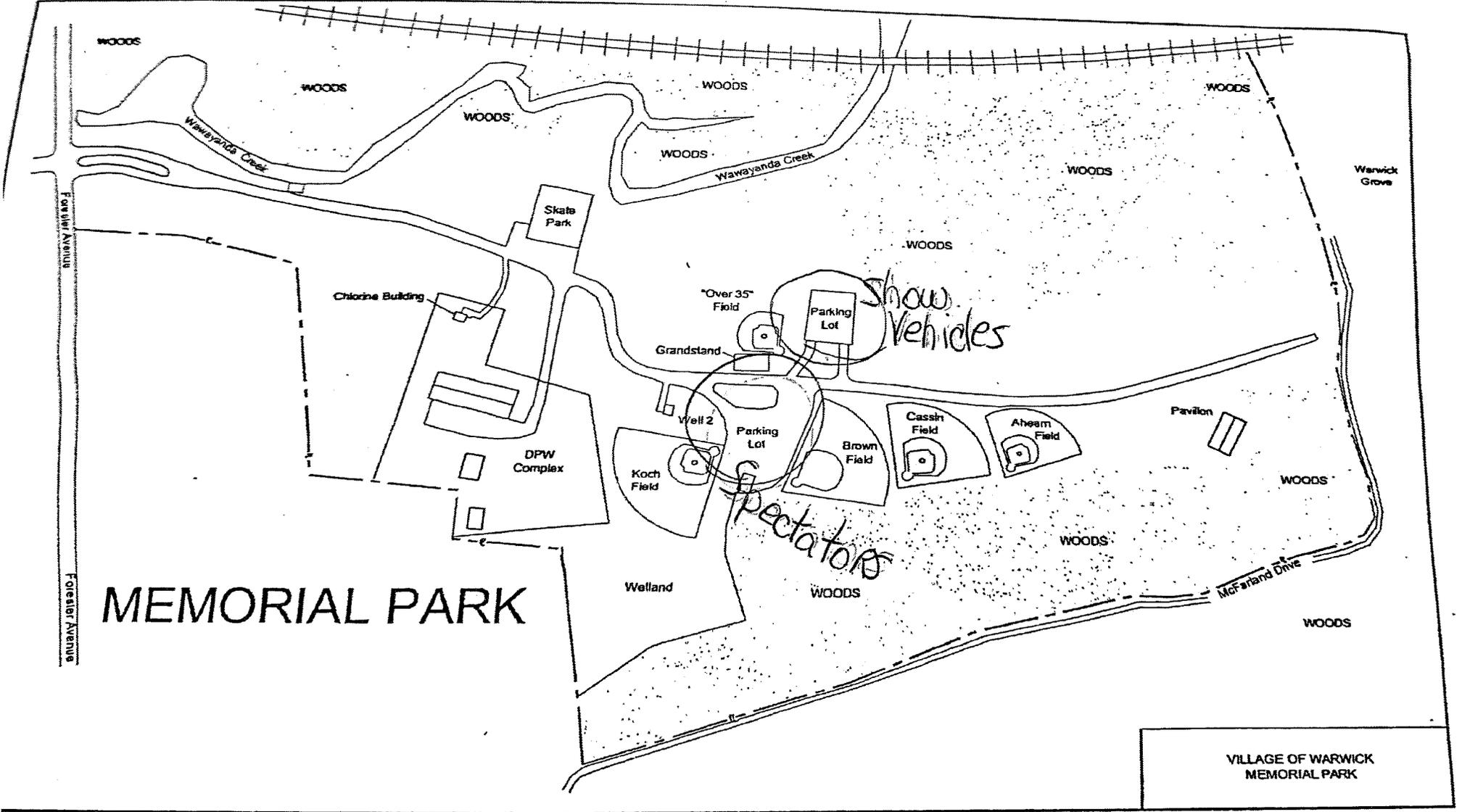
Imagery ©2024 Airbus, Maxar Technologies, Map data ©2024 Google 50 ft

Live traffic

Fast

Slow

WARWICK AMBULANCE
CAR SHOW



MEMORIAL PARK

VILLAGE OF WARWICK
MEMORIAL PARK